TDH BUREAU OF HIV AND STD PREVENTION

Possible Questions Regarding Restructuring of Planning Bodies and Service Delivery Systems

General Questions on the Restructuring Decision

1) What planning bodies and service delivery systems will be affected?

By October 1999, the Texas Department of Health (TDH) Bureau of HIV and STD Prevention intends to make decisions on restructuring planning bodies for HIV prevention and services (i.e., Community Planning Groups or CPGs, and HIV consortia). The number of planning bodies will be reduced. Where possible, planning bodies will be charged with planning for both HIV prevention and services. All planning bodies will be charged with some responsibility for including the broad range of Sexually Transmitted Diseases (STD) in their efforts.

Also, over the next two years, HIV services Administrative Agencies (AA) will be affected. There will be a reduction in the number of AAs, and where possible, AAs will be restricted to providing administrative functions only, not direct services.

2) Why are you making the decision?

a) THE CHANGING EPIDEMIC: The current system for HIV planning and administrating services was instituted in response to a devastating and quickly expanding epidemic. These emergency systems developed in the early stages of the epidemic no longer effectively serve the community, clients, or the Bureau. Advances in HIV treatment have led to a far greater emphasis on primary health care and services that facilitate access to that care. The increasing diversity of those infected with or at risk for HIV makes it vitally important to use complex epidemiological and needs assessment information for planning purposes. Increasing requirements from federal funding sources for cost and efficiency outcome information require greater sophistication in program administration and evaluation.

These factors call for more stable, long-term planning mechanisms. There are large numbers of community members who want access to a customer-friendly and short term mechanism to provide their suggestions and input. Fewer community members are available to provide the long-term, technical work that needs to be done. The proposed changes will better support both kinds of input from community members.

b) THE NEED TO BETTER INTEGRATE PREVENTION AND SERVICES: One effect of the changing HIV environment is that we have come to recognize HIV prevention and HIV services as a continuum and to recognize the vital connections between HIV efforts and STD prevention and treatment. The proposed changes will greatly strengthen the ties between prevention and services

and between HIV and STD.

c) THE NEED FOR A MORE MANAGEABLE, EFFECTIVE SYSTEM: When TDH created planning areas for HIV services, we created a large number (26) of areas in order to ensure in those early days that agencies could be found who would agree to serve each area of the state. When TDH created HIV Prevention Community Planning Groups, the TDH regional lines were used for convenience. Over the years TDH has determined that we cannot provide sufficient support and technical assistance to this large number of planning groups with the small percentage of administrative funds we use. Additionally many of these areas lack capacity to effectively conduct required planning activities.

3) When is this going to happen?

The TDH will make a decision regarding new planning catchment areas (geographic boundaries) for HIV prevention planning groups and HIV consortia by October 31, 1999. The new planning catchment areas, with assistance from the Bureau, will then begin to develop their own time lines for implementation. Changes in the number and duties of HIV services Administrative Agencies will occur over the next two years.

4) Does the TDH have the authority to reorganize HIV Service Delivery Areas (HSDAs) and HIV prevention Community Planning Groups?

Yes, the federal Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) have given grantees (TDH) the responsibility of creating, dismantling or re-creating planning structures that work best for the clients, the grantee and service providers.

5) Why wasn't the community involved in this decision?

TDH has responsibility for crafting the broad outlines of systems that will work for the whole state. The community will be involved in implementing these changes through an external workgroup, and, once TDH has determined the new planning areas, meetings will be conducted in each of the new planning areas to facilitate changes to the new structure. We think that the community involvement we have planned will make the best use of the strengths of our community partners, that is to guide us in implementing a new system in a manner that will best meet the needs of each local community.

6) How will the final decision be made on the new structure and who will make that decision?

The Texas Department of Health will make the final decision on the new planning structures, and will consider the recommendations developed by internal and external work groups.

7) How can I get involved in this process?

An external implementation work group will be formed in August, 1999. The purpose of the group will be to forward recommendations on: a) criteria for developing new planning catchment areas around the state; and b) methods for implementing the strategies for restructuring. Please call the Larry Cuellar, Special Projects Manager, at the Bureau (512-490-2515) if you wish to be part of the implementation group. Also, meetings will take place in the new planning areas to plan for the transition.

8) What type of technical assistance will be available for planning bodies?

The Bureau will actively work with each the planning bodies in the new catchment areas to facilitate the transition.

9) How is this restructuring going to be more consumer friendly?

The process for local input will focus on soliciting input, rather than the more complex processes related to planning. By making this process more accessible, we anticipate more consumers will be able to participate.

10) Are you just transferring your job to us?

TDH's role is to: develop policy, manage funds, monitor programs to assure compliance, develop cost and outcome measures and assure quality of services. The new structure will assist the TDH in accomplishing its role.

11) Where will the money come from to travel to these planning groups and will it come from money allocated for services?

Considerable funds are already used for this purpose. While the distances traveled in some cases may increase, the number of participants that need to travel will be reduced. We do not anticipate that additional funds will be required.

12) I don't like this plan. Who can I complain to?

I can make note of your concerns and pass them on. Or you can send them to:

Mr. Casey S. Blass, Director
HIV/STD Health Resources Division
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756

Mr. Blass' email address is Casey.Blass@tdh.state.tx.us. His telephone number is (512) 490-2515.

Questions Specific to HIV Services, Consortia, and Administrative Agencies (AA)

13) How will TDH choose an Administrative Agency?

An internal TDH work group will establish criteria for selecting Administrative Agencies (AA). The method for selection has not yet been determined. Agencies that solely administer funds, and do not provide services will be primarily considered as AAs when possible. In situations where an AA will also provide direct services, TDH will develop policies and guidance that reduce conflicts of interest. We expect the process of reducing the number and functions of AAs to take place over a two year period.

14) How will this affect funding for HIV services?

Funding mechanisms for HIV and STD programming will not be affected. HIV services funds will continue to be allocated by a formula. This formula will continue to direct services dollars to each local area. No local area will lose its services dollars to another area.

15) How do you expect services to continue in an area without money to support administrative functions?

TDH has committed to continue to provide services in all of the HIV Services Delivery Areas (HSDA) and is willing to work with Administrative Agencies to ensure this happens in a method that is cost efficient and without duplication of efforts. Agencies that provide direct services and prevention will still be able to use grant funds to pay for administrative costs associated with their programs.

16) Will this take money away from services?

No. While funds for the purely administrative functions of an Administrative Agency (overall grants management, subcontractor monitoring, overall data collection and reporting) will shift over time, each local area will continue to receive its fair share of funds for direct HIV service provision.

17) Will Administrative Agencies receive more funds?

Yes, if the new Administrative Agencies need additional funds to expand into other areas. Some current AAs will eventually no longer contract for AA duties and thus would lose associated funds. They may still be service providers and receive direct service funds.

18) How do we guarantee rural areas will continue to receive the same level of services?

Local areas will still have money allocated for services by a formula award that is based on the need in that area. This cannot be taken away or combined with another area.

19) Will I have to travel to receive HIV services?

No. Services will still be provided at the local level, although over time some providers may change (as is currently the case).

20) If there is an area with two or three consortia, how will combining these result in an improvement?

By combining existing, scant resources, we should have a process that capitalizes on existing strengths. Also with fewer consortia and Administrative Agencies, TDH staff can concentrate their efforts to assist consortia and AAs. Currently most consortia struggle to get a diverse group of people, including clients, to participate. Many consortia find the needs assessment, priority setting, and local RFP duties to be overwhelming.

21) Are we losing our jobs?

There may be shifts in current administrative duties to the new AAs. Positions in AAs that are allocated to conduct administrative functions may be affected.

22) How can I have any input into the Consortium process if the decision making is going to be made further away?

There will be a process for input at the local level, that will be more accessible and demand less time. Currently local input requires an intensive amount of time and the expertise to carry out complex, technical tasks. Our goal is to increase the amount of local input by having less formal, less technical, less time consuming opportunities (e.g., town hall meetings to discuss local issues and needs).

23) How will quality assurance be conducted between the AAs and service providers?

Currently AAs are contractually required to do fiscal monitoring and program quality assurance with their subcontractors. That will not change. TDH will provide technical assistance to AAs to increase their capacity to do these tasks. Also, TDH will continue to do fiscal monitoring and program quality assurance as needed directly with subcontract agencies.

Questions Specific to HIV Prevention

24) How will this affect funding for HIV prevention?

Funding mechanisms for HIV prevention will not be affected. HIV prevention funds will continue to be allocated by competitive RFP.

25) How can I have any input into the HIV prevention Community Planning process if the decision making is going to be made further away?

There will be a process for input at the local level, that will be more accessible and demand less time. Currently local input requires an intensive amount of time and the expertise to carry out complex, technical tasks. Our goal is to increase the amount of local input by having less formal, less technical, less time consuming opportunities (e.g., town hall meeting to discuss local issues and needs).

26) Will the number of HIV prevention contractors be reduced?

Probably not. The number of HIV prevention contractors will continue to be determined by a statewide competitive RFP process and by the amount of funding available.